

YEAR

CALIFORNIA FORM



Nonresident Withholding Remittance Statement

592-A

To be filed by the withholding agent. See separate instructions for Forms 592, 592-A, and 592-B.

Withholding agent					Preparer (if other than withholding agent)				
Social security number or PTIN					Social security number or PTIN				
<input type="checkbox"/> California corporation number or <input type="checkbox"/> FEIN					<input type="checkbox"/> California corporation number or <input type="checkbox"/> FEIN				
Name					Name of preparer				
Address (number and street)				PMB no.	Address (number and street)				PMB no.
City		State		ZIP Code	City		State		ZIP Code
Contact person			Daytime telephone number ()		Contact person			Daytime telephone number ()	
Contact person's email address					Contact person's email address				

1 Amount of independent contractor withholding	1	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
2 Amount of rent or royalty withholding	2	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
3 Amount of estate withholding	3	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
4 Amount of trust withholding	4	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
5 Amount of foreign partner or member withholding. For taxable year beginning _____ / _____ / _____, and ending _____ / _____ / _____	5	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; font-size: 8px; margin-top: 2px;"> MONTHDAYYEAR MONTHDAYYEAR </div>
6 Amount of domestic (nonforeign) nonresident partner or member withholding. See instructions ...	6	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
7 Amount of other withholding _____ (describe)	7	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
8 Amount of interest due	8	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
9 Total amount of this payment. Add line 1 through line 8 See Side 2 if partnership or Limited Liability Company (LLC) has foreign partners or members.	9	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

Mail Form 592-A to the **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**

**Installment payment worksheet for Revenue & Taxation Code (R&TC) Section 18666
tax for a foreign partner or member**

Complete only if the partnership or limited liability company (LLC) has foreign partners or members.

Caution: Complete column (a) before going to the next column.

	(a) 1st Installment	(b) 2nd Installment	(c) 3rd Installment	(d) 4th Installment
	First 3 months	First 3 months	First 6 months	First 9 months
1 Enter the partnership's or LLC's California source taxable income for each period				
2 Annualization amounts	4	2	1.33333	
3 Multiply line 1 by line 2				
	First 3 months	First 5 months	First 8 months	First 11 months
4 Enter the partnership's or LLC's California source taxable income for each period				
5 Annualization amounts	4	2.4	1.5	1.09091
6 Multiply line 4 by line 5				
7 Annualized California source taxable income. In column (a), enter the amount from line 6, column (a). In columns (b), (c), and (d) enter the smaller of the amounts in each column from line 3 or line 6				
8 Foreign partner's or member's share of line 7 (annualized California source taxable income)				
9 Multiply line 8 by maximum tax rate				
10 Applicable percentage	23.75%	47.5%	71.25%	95%
11 Multiply line 9 by the percentage on line 10				
12 Add the amounts in all preceding columns of line 13 (except column (a))				
13 Installment payments of withholding tax due for foreign partner or member. Subtract line 12 from line 11. If less than zero, enter -0-				